STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	07/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR RIDGE	2700 WATERS EDGE PKWY JEFFERSONVILLE, IN 47130

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R000000	This visit was for a State Residential Licensure Survey. Survey dates: July 17 and 18, 2013 Facility number: 004001 Provider number: 004001 AIM number: N/A Survey team: Gloria J. Reisert, MSW, TC Gwen Pumphrey RN Nicole Wright RN Census Bed Type: Residential: 36 Total 36 Census Payor Type: Other: 36 Total 36 Residential Sample: 07 These State Residential Findings are cited in accordance with 410 IAC 16.2. Quality review 7/23/13 by Suzanne Williams, RN	R000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R000144	410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents. Based on observation and interview, the facility failed to ensure the resident room doors, and carpets and ceilings in common areas were clean and in good repair. This deficient practice had the potential to affect 36 of 36 residents currently residing in the facility. Findings include: During an initial environmental tour on 7/17/13 at 10:15 a.m., the following observations were made: The lower halves of the white doors to Room 115 and Room 117 were found to have multiple black scuff marks and chipped paint. The door to the housekeeping closet had chipped paint and multiple black scuff marks. The door to the soiled utility also had multiple black scuff marks at the base. There were cracks in the ceiling outside Room 119 and Room 121. The carpet had stains leading from Room 117 into the main hallway, and	R000144	**R144** 1) Areas of concern identified in the survey, as well as other potential affected areas identified/addressed as follows.2) *Carpets*- The carpets in the common areas of the entire facility (including areas identified on the survey) were extracted with a rental carpet cleaner on 7/19/13 & 7/20/13. (see attach. A). *Doors*- All doors were inspected for scratches (see attach. B), scuffs or chipped paint. Any problems found, including 115 & 117, were immediately resolved (sanding and painting). *Ceiling*- The ceilings throughout the facility were checked for cracks. Cracks observed were in front of apartments 119 & 121, as stated in the survey. These areas were repaired by facility Maintenance Director on 7/24/13. *Roof*- The facility had 2 areas of roof leaks that were repaired on 7/8/13. There have been no further leaks identified. American roofing inspected and repaired the areas of concern. (see attach. C).3) As a measure to ensure the facility remains clean and in good repair, the facility has implemented the following actions: *Carpet*- The facility has initiated a cleaning schedule whereby all common	07/31/2013

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	there was a circular carpet stain in the center of the hallway closest to Room 125. During an interview on 7/18/13 at 10:30 a.m., the Maintenance Director indicated he was aware of the scuffed room doors, stained carpets, and cracks in the ceiling and that the facility was in the process of fixing these concerns. He also indicated the facility was in the process of purchasing kick plates to help with the multiple marks on the doors, and the facility was in the process of purchasing carpet cleaning equipment for the cleaning to be done on a routine schedule. The Maintenance Director indicated the facility currently did not have a cleaning schedule, and the carpets were cleaned as needed. He also indicated the cracks in the ceiling were related to the leaking roof. He indicated these cracks had been re-occurring. He also indicated part of the roof was repaired three weeks ago and the facility was currently soliciting proposals for repairing the remainder of the roof. In an interview on 7/18/13 at 11:40 a.m., the Administrator indicated he had discussed with the Maintenance		area carpets will be cleaned quarterly, at a minimum, and as needed (see attach.D). A carpet cleaner was purchased on 7/31/13 (see attach. E). The Maintenance Director or Administrator will also complete a weekly walk-through inspection of the common area carpets in an effort to identify any areas requiring immediate or more frequent attention/cleaning. (see attach.F). *Doors*- Inspection of the doors is included in the " Preventative Maintenance-Resident Rooms" form, which is completed monthly. (see attach. G). The Maintenance Director was inserviced on this policy and instructed to report any concerns to the administrator. (see attach. H). *Ceilings*- The Windsor Ridge Preventative Maintenance forms include an observation of the ceilings (see attach. I). The Maintenance Director was inserviced on reporting any concerns to the administrator (see attach. H).4) As a measure of quality assurance, results of the aforementioned audit/observations and any corrective actions will be addressed with the Regional Manager on, at least, a quarterly basis.5) Completion date of 7/31/13	

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	Director the purchasing of kick plates for the doors, purchasing carpet cleaning equipment and developing a carpet cleaning schedule. He was unable to provide a written plan of action or invoices for purchases related to the environmental concerns. He indicated he was not aware of any cracks in the ceiling and to his knowledge, the entire roof was prepared. In an interview on 7/18/13 at 12:27 p.m. with the Administrator, he indicated the facility does not have a maintenance cleaning policy and procedure.			

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R000356	410 IAC 16.2-5-8.1(i)(1-8) Clinical Records - Noncompliance (i) A current emergency information file shall be immediately accessible for each resident, in case of emergency, that contains the following: (1) The resident ' s name, sex, room or apartment number, phone number, age, or date of birth. (2) The resident ' s hospital preference. (3) The name and phone number of any legally authorized representative. (4) The name and phone number of the resident ' s physician of record. (5) The name and telephone number of the family members or other persons to be contacted in the event of an emergency or death. (6) Information on any known allergies. (7) A photograph (for identification of the resident). (8) Copy of advance directives, if available. Based on record review and interview, the facility failed to ensure the Resident Emergency Files contained all information required (hospital preference, apartment number, allergies, birth date, sex, name and phone number of physician, a picture and/or emergency contact numbers and legal representative) for 1 resident (Resident #25) whose Emergency File was randomly reviewed. Findings included: During a review of the Resident Emergency Files on 7/17/13 at 8:50	R000356	**R356** 1) Resident #25's emergency information was completed 7/18/13. 2) To ensure other residents were not affected, the Resident Care Director performed an audit of emergency files for all residents in the facility. No other residents were noted having missing information. (see attach J). 3) In an effort to ensure ongoing compliance with ensuring resident emergency files contain all required information, the Resident Care Director will ensure completion for a newly admitted resident as part of the admission process, thus, information will be obtained and the emergency file generated at the	07/19/2013

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	a.m., the following file was noted to have missing information: Resident #25 was admitted to the facility on 7/14/13. Review of the Emergency File book failed to include a file on the resident which included her name, sex, apartment number, phone number, hospital preference, name and phone number of her legal representative and family members/persons to be contacted in the event of an emergency, name and phone number of the physician of record, known allergies and a photo for identification. In an interview with the Administrator and Office Manager on 7/17/13 at 9:00 a.m., they indicated the resident was admitted on 7/14/13, and they were still working on putting the file together.		time of admission. Additionally, the Resident Care Director will complete audits of the emergency files to verify completion and availability as follows: weekly x 4 weeks, Bi-weekly x 4 weeks, and then monthly x 10 months. Any missing information will be addressed by the Resident Care Director. The licensed nursing staff received inservice training on 7/19/13 (see attach. K). 4) As a measure of quality assurance, the Resident Care Director will submit the audits, and description of any corrective action taken if warranted, to the administrator for review after each audit is completed. 5) Completion date of 7/19/13	